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SAWYER LAW GROUP LLP

2465 E. BAYSHORE ROAD SUITE 406

PALO ALTO, CA 94303

TELEPHONE: (650) 493-4540

FACSIMILE: (650) 493-4549

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Date: June 7, 2002

To: Examiner Tuan Ho

Organization: United States Patent & Trademark Office
GROUP ART UNIT 2612

Fax Number: (703) 746-6863

Phone Number: (703) 305-4943

From: Jinny Nguyen

Re: USSN 09/032,177
Enclosed is the Supplemental Amendment for the above-referenced patent application. Please call if you have any questions.
Our Ref.: P166/1479P

This is page 1 of 5 page(s).

CONFIDENTIALITY NOTE:

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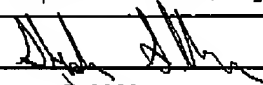
TRANSMITTAL FORM

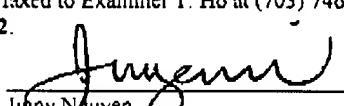
Attorney Docket No.
P166/1479PIn re the application: **Michael A. RAMIREZ and Eric C. ANDERSON**Serial No: **09/032,177**Group Art Unit: **2612**Filed: **February 27, 1998**Examiner: **Ho, T.**For: **Method and System for Displaying Overlay Bars In A Digital Imaging Device**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment (Supplemental)	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	7	20	0	\$18.00	\$ 0.00
Independent Claims	1	3	0	\$84.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No: 38,329
Signature	
Date	June 7, 2002

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being faxed to Examiner T. Ho at (703) 746-6863 at the Commissioner for Patents and Trademarks, Washington, D.C. 20231, on June 7, 2002.	
 Jimmy Nguyen	

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